



Complaints And Appeals Form

Student's Personal Details			
Full Name:		Date Of Birth	
Position of Complainant/Appellant:			
Phone No:			
Email:			
Address:			
If the complainant is student, please provide the following details			
Student ID:			
Course Code:			
Complaint/Appeal details			
Complaint Details Date of the cause of the complaint: _____ Reason for the complaint: <input type="checkbox"/> Any staff member (please provide the name) _____ <input type="checkbox"/> Services (Please specify) _____ <input type="checkbox"/> Other (Please Specify) _____ Have you complained about the issue before? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, please give the date, the complaint was lodged: _____		Appeal details Date to which this appeal refers to: _____ Reason for the appeal: <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Any outcome of your application. <input type="checkbox"/> Any disciplinary action to be taken against you. <input type="checkbox"/> other (please specify below):	
Course Name:			



Complaint/Appeal Summary

(Please give detailed explanation of complaint/appeal and attach any supporting evidence)

Declaration

- ☐ All the information provided in this form is correct and accurate to the best of my knowledge.
- ☐ I am happy to attend any meeting with relevant persons required to resolve the issue.

Signature:

Date: